

6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1137



HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the building division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Sampson Bobcat Service Inc.

BUSINESS STREET ADDRESS: _____ ZIP _____

BUSINESS MAILING ADDRESS: 14100 SW 36 CT, Davie FL ZIP 33330

BUSINESS PHONE: (954) 370-9390

DESCRIBE TYPE OF BUSINESS: excavation

BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Jeff Sampson</u>	<u>14100 SW 36 CT</u>	<u>Davie</u>	<u>(954) 370 9390</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number # 65-0084806

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 99, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Jeff Sampson
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

OFFICE USE ONLY: Date <u>2/16/99</u> Category <u>13500</u> Fee <u>200</u>			
License # <u>99-12036</u>	Control # <u>10447</u>	Zoning <u>R-1</u>	<u>(Sunnyvale Farms)</u>
Council approval Required _____ Yes _____ No _____	Zoning Approval _____	Date _____	
Town Council Date <u>3/3/99</u>	Approved _____	Denied _____	
Tabled To _____	Approved _____	Denied _____	
TOWN CLERK APPROVAL _____			